PEC UPDATE

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ISSUE HIGHLIGHTS

Betaseron® Program Update

Effective immediately, Berlex Laboratories has removed the supply restrictions on their multiple sclerosis drug, interferon beta-1b (Betaseron®). As a result, the PEC will no longer serve as the contact point for patient registration for DOD. The PEC highly recommends the MTFs continue to use the clinical selection criteria developed by the PEC and service neurologists to make funding decisions for this medication. The clinical selection criteria for interferon beta-1b therapy are included below.

1. Diagnosis must be "clinically definite multiple sclerosis" based on Poser Criteria.[1] "Laboratory-supported definite multiple sclerosis" is not sufficient. Documentation must be submitted by a military neurologist, or if the patient is followed by a civilian neurologist, documentation must be accompanied by a narrative summary in sufficient detail to enable a military consultant to concur with the diagnosis or classification.
2. Classification must be "remitting relapsing" or "exacerbating remitting" multiple sclerosis. This specifically excludes chronic progressive disease. Documentation requirements are the same as above.
3. Patient must have had at least two, physician documented, exacerbations in the last two years.[2]
4. Patient must be ambulatory, able to walk at least one block without assistance, and have a Kurtzke Expanded Disability Status Scale (EDSS) score of 5.5 or less.[2]
5. Patient should not have a diagnosis of untreated or unsuccessfully treated depression.

MTFs should also be aware that CHAMPUS has adopted essentially identical criteria with preapproval necessary for reimbursement. This change in policy may allow better management of MTF resources.

Individual MTFs should continue to register patients so that patients may take advantage of the Compliance Assistance Program (CAP). Patients receiving Betaseron® for 10 consecutive months are eligible to receive 2 months of the medication at no charge that will be credited to the MTF. MTFs should continue to order the medication directly from the manufacturer.

Any questions concerning patient registration or medication ordering should be directed to Dolan C. Smeak, of Berlex Laboratories, at 1-800-237-5392, ext. 7540. Registration information also can be telephoned or faxed to (301) 846-4675.

References: 1. Poser CM. Ann Neurol 1983;13:227-31.
(from pg 1) 2. The Multiple Sclerosis INFB Study Group. Neurology 1993;43:655-61.

Mayo Clinic Uncomplicated Cystitis Guideline

Pharmaceuticals account for approximately 10% of the total cost of treating uncomplicated cystitis. According to a recent report (*Managed Pharmaceutical Report* 1994;1(8):7) the Mayo Clinic halved pharmaceutical costs for uncomplicated cystitis by reducing the number of days of therapy. Medical literature has shown that 3-day antibiotic therapy is equally effective as 7- and 10-day regimens, but the longer therapies can lead to complications, such as yeast vaginitis. At Mayo, most physicians were using 7-day antibiotic therapy.

To change prescribing patterns at the institution, physicians were given pads with three choices for 3-day therapy and a blank line for another option, instead of a blank prescription pad. The three antibiotics offered as choices were trimethoprim/ sulfamethoxazole, nitrofurantoin, and ciprofloxacin. Listing the alternatives on a prescription pad made it easier for physicians to order 3-day therapy.

In 1993, Mayo reported only 6% of prescriptions were for 3-day therapy; now the rate approaches 100%. This process has saved Mayo an estimated $50,000 in treating uncomplicated cystitis. Pharmaceutical savings are achieved through 3-day therapy, and the number of women receiving care for yeast infections also is reduced resulting in fewer physician visits .

Antibiotics are one of the largest pharmaceutical class expenditures in the military health services system. The PEC has evaluated the antibiotics for the treatment of acute respiratory tract infections, and results of this analysis were published in PEC Update 95-03. The PEC originally listed urinary tract infections in the schedule of disease state evaluations; however, the PEC will delay evaluating this disease state to focus on chronic disease states that have a potentially greater impact on overall healthcare resources (e.g., osteoarthritis, rheumatoid arthritis, asthma, and diabetes mellitus).

By implementing programs such as the one at the Mayo Clinic as described above, MTFs may reduce pharmaceutical expenditures and additional physician visits for uncomplicated cystitis.

The PEC is interested in any cost-saving programs implemented at your institution for uncomplicated cystitis as well as any other disease states. If you have implemented any programs you are willing to share, please contact the PEC.

PEC Schedule of Disease State Reviews

The PEC recently re-evaluated the list of disease states scheduled for review. The current PEC schedule of disease state reviews is listed below. Chronic stable angina was originally scheduled to be reviewed during the same time period as hypertension; however, based on DUE information from several MTFs, the PEC has deferred this disease state as a separate analysis and will include angina when hypertension is reanalyzed in approximately 2 years. The list below is intended to serve as a guide for the MTFs to facilitate drug reviews through their Pharmacy and Therapeutics Committee. The PEC will inform MTFs of any changes to this schedule in future Updates. Manufacturers will be notified of the review schedule separately.

Hypertension	Approved - June 1994
Acid-peptic Diseases	Approved - June 1994
Major Depression	Approved - October 1994
Acute Respiratory Tract Infections	Approved - November 1994
Hyperlipidemia	Near completion
Migraine Headaches	In progress
Congestive Heart Failure	In progress
Osteoarthritis	In progress
Rheumatoid Arthritis	In progress
Asthma	To begin January 1995
Diabetes Mellitus	To be announced
Women's Health Issues	To be announced

Errata: PEC Update 95-03

In Revision Three of the Tri-Service Formulary (acute respiratory tract infections, PEC Update 95-03), the cost of therapy for azithromycin was listed as $33.46, calculated using 7 tablets. The cost of therapy for azithromycin should have been calculated using 6 tablets. Additionally, since publication of Update 95-03, a price reduction occurred. The current price for the 6 tablet therapy of azithromycin is $21.58.

Pharmacoeconomic Center Q & A.....

Question: Does the PEC consider tablet breaking strategies or half-tablet costs in the pharmacoeconomic evaluations?

Answer: Initially, the PEC decided not to include these strategies in the disease state analyses, thus the hypertension analysis did not include half-tablet prices. Half-tablet dosing may incur additional patient compliance problems that must be included when evaluating the overall effectiveness of a drug product. The effects these dosing strategies may have on patient compliance has not been specifically addressed in the literature. However, it is likely that as the treatment regimen becomes more complex or inconvenient for the patient, the compliance with the regimen decreases.

Many of the MTFs reported to the PEC that these half-tablet dosing strategies are used at the local level. To better reflect actual practice at the MTFs, the PEC did include half-tablet pricing strategies in the depression analysis for the selective-serotonin reuptake inhibitor (SSRI), sertraline. The total cost of therapy with sertraline reflects an assumption that not all patients who receive sertraline 50 mg will use half of a 100 mg tablet. The PEC used half of the 100 mg tablet cost 75% of the time and the full 50 mg tablet cost 25% of the time in the final published analysis. However, even when these half tablet costs are included for sertraline, it is not the first SSRI in the preferred drug list for antidepressants.

While the PEC does not endorse half-tablet dosing strategies, we will consider the costs of these strategies, where appropriate, when conducting future disease state analyses.

Question: Why wasn't a dihydropyridine calcium-channel blocker (e.g., amlodipine, felodipine, isradipine, nicardipine, or nifedipine) chosen for the Tri-Service Formulary?

Answer: The PEC approached the treatment of hypertension from a primary care provider perspective. The hypertension analysis model was constructed to evaluate cost-effective therapy for the treatment of mild to moderate hypertension with no comorbid conditions. Within the context of this analysis, the PEC did not feel the calcium-channel blockers needed to be subdivided based on structural pharmacologic characteristics, and thus only one agent, verapamil, was selected for the TSF.

The PEC recognizes that one calcium-channel blocker will not meet the needs of all patients. The preferred drug list for the calcium-channel blockers included in the hypertension guidelines was provided to assist MTFs when selecting additional agents for their local formularies for the treatment of hypertension. However, providers and patients need to be aware that these additional medications may not be available at their next duty station.

Do you have questions or comments about the PEC, TSF, PDLs, DUE criteria, or the PEC Updates?

If so, please call the Pharmacoeconomic Center at Fort Sam Houston, San Antonio, Texas.

$Pharmaceutical Price Reductions

Lederle Laboratories Price Decreases

Lederle Laboratories has announced the following price decreases to the Section B Federal Supply Schedule Contract No. V797P-5796m:

NDC	Product/Package	FSS Price
0005-3219-43	Atenolol 50 mg, 100s	$2.90
0005-3219-34	Atenolol 50 mg, 1000s	28.10
0005-3220-43	Atenolol 100 mg, 100s	4.80
0005-3220-34	Atenolol 100 mg, 1000s	46.00

SmithKline Beecham/Penn Labs Price Reductions

SmithKline Beecham Pharmaceuticals, and its wholly owned subsidiary, Penn Labs Inc., have announced the following Federal Supply Schedule (FSS) price changes.

SmithKline Beecham

NDC	Product/Package	FSS Price	Cost/ day
0108-5026-18	Tagamet® 400 mg, 60s	$19.50	$0.65
0108-5026-25	Tagamet® 400 mg, 500s	162.50	0.65
0108-5027-13	Tagamet® 800 mg, 30s	19.50	0.65
0029-4149-01	Kytril® 1 mg/1 mL vial	84.44	na

Penn Labs

NDC	Product/Package	FSS Price	Cost/ day
58437-002-18	Cimetidine 400 mg, 60s	$18.60	$0.62
58437-002-25	Cimetidine 400 mg, 500s	155.00	0.62
58437-003-13	Cimetidine 800 mg, 30s	18.50	0.62

Product and Price Comparison Tool

What is the quickest way to find the lowest price of pharmaceutical or medical/surgical items in the Military Health Services System? The answer is the Product and Price Comparison Tool (PPC). The PPC tool is a computer software program developed by the Defense Medical Logistics Standard Support (DMLSS) Program to assist military medical treatment facilities (MTFs) in the transition to prime vendor supply support. The program integrates prices for over 168,000 individual pharmaceutical and medical/surgical items available from regional prime vendors, military depots, and through local purchase into a central database. Thus, MTFs can now ensure that they are receiving the best price for medical consumable supplies. PPC test sites have avoided thousands of dollars in costs by using the tool to identify equivalent products with the lowest prices. Recent enhancements to the program include: (1) Orange Book pharmaceutical bioequivalence codes; and (2) Federal Supply Schedule (FSS) items with National Drug Codes (NDCs). System requirements for loading pharmaceutical items only are an IBM-compatible personal computer with at least 35 megabytes of free hard disk space. Users wishing to load medical/surgical items only should have at least 120 megabytes of free disk space. The program is MS-DOS based, but may be used in Windows. For more information about the PAC tool, call the DMLSS Help Desk at 1-800-559-5459.

National Diabetes Outreach Program

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) recently launched the National Diabetes Outreach Program. This program is based on the results of the NIDDK's Diabetes Control and Complications Trial (DCCT), which showed that patients who maintained near-normal blood sugar levels significantly reduced their risk of eye, kidney, and nerve diseases *(N Engl J Med 1993;329:977-86).*

NIDDK is promoting the concept, "Do Your Level Best!" and has provided a toll-free number for consumers and healthcare professionals to call and order a free information kit on the benefits of improving blood sugar control. This information kit contains a DCCT fact sheet and a "Questions to Ask Your Doctor" card.

To obtain the information kit, call 1-800-GET-LEVEL (1-800-438-5383). If you have questions on the Outreach Program, please write to: Lorraine H. Marchand, Director, National Diabetes Outreach Program, Building 31 Room 9A04, 31 Center Dr. MSC2560, Bethesda, MD 20892-2560.